

# The Role of Policy in Decriminalizing Brain Diseases



Katherine Warburton  
Stephanie Clendenin

# crim-i-nal-ize

*[krim-uh-nl-ahyz]*

verb (used with object), criminalized, criminalizing.

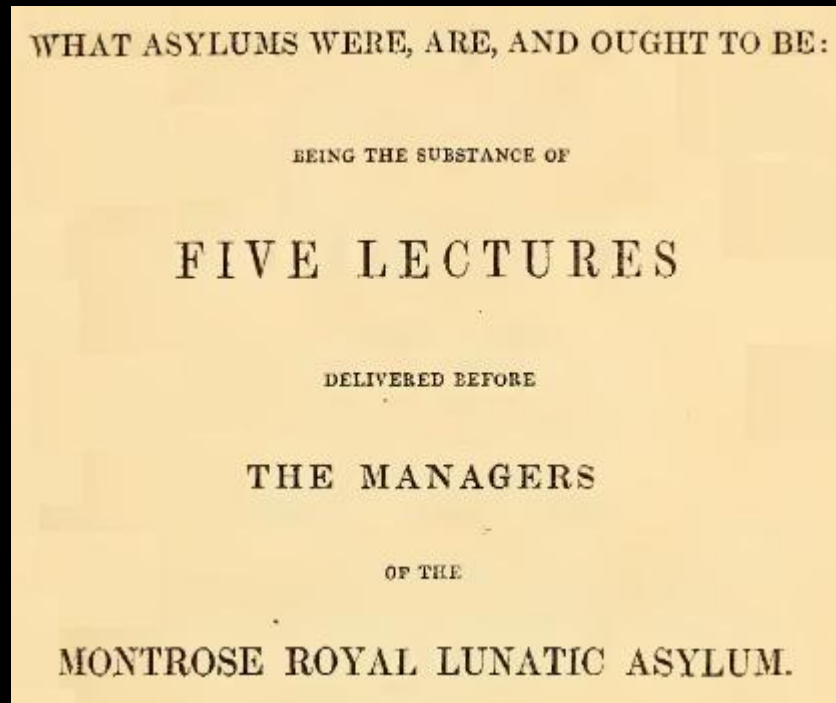
1. to make punishable as a crime
2. to make a criminal of

# A Brief History of State Hospitals

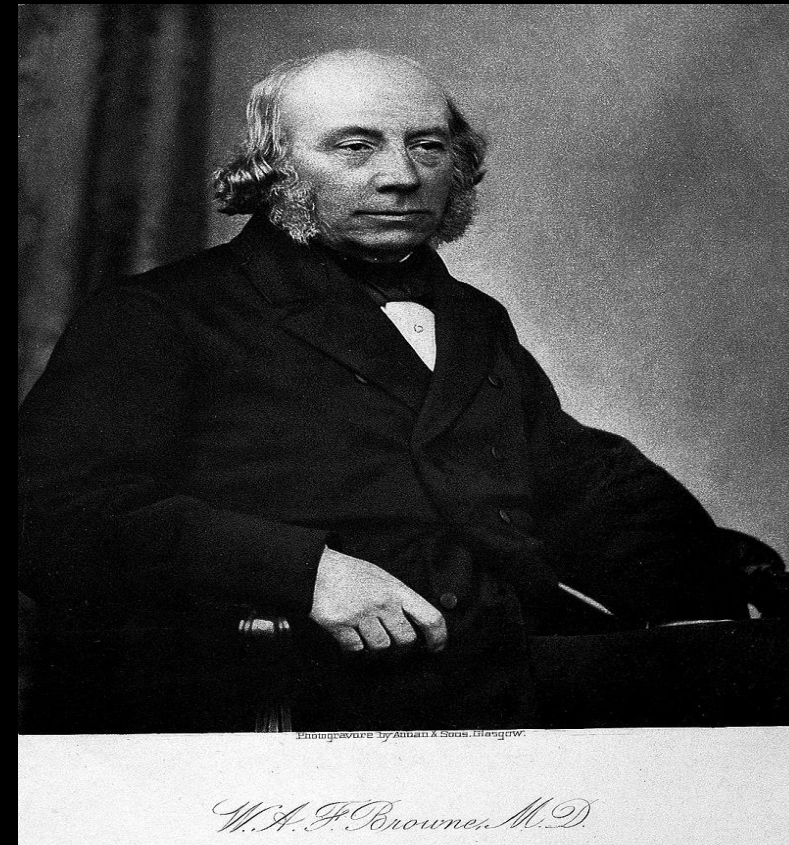
“Those who cannot remember the past are condemned to repeat it.”

-George Santayana

# A Brief History of State Hospitals



- WAF Browne
- Royal Medical Society, Edinburgh
- 1837







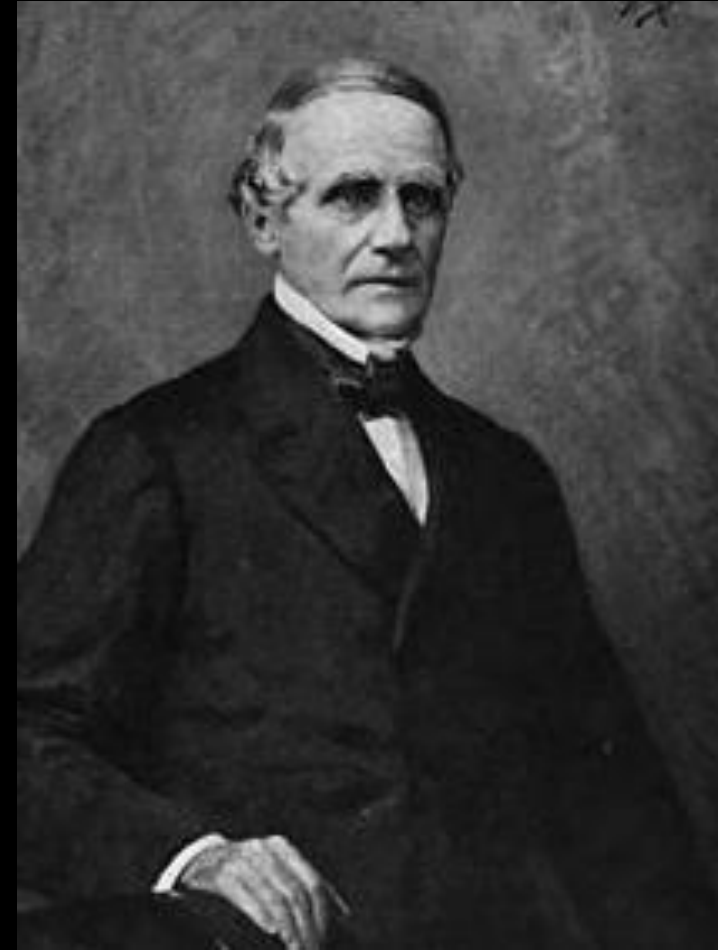
# A Brief History of State Hospitals



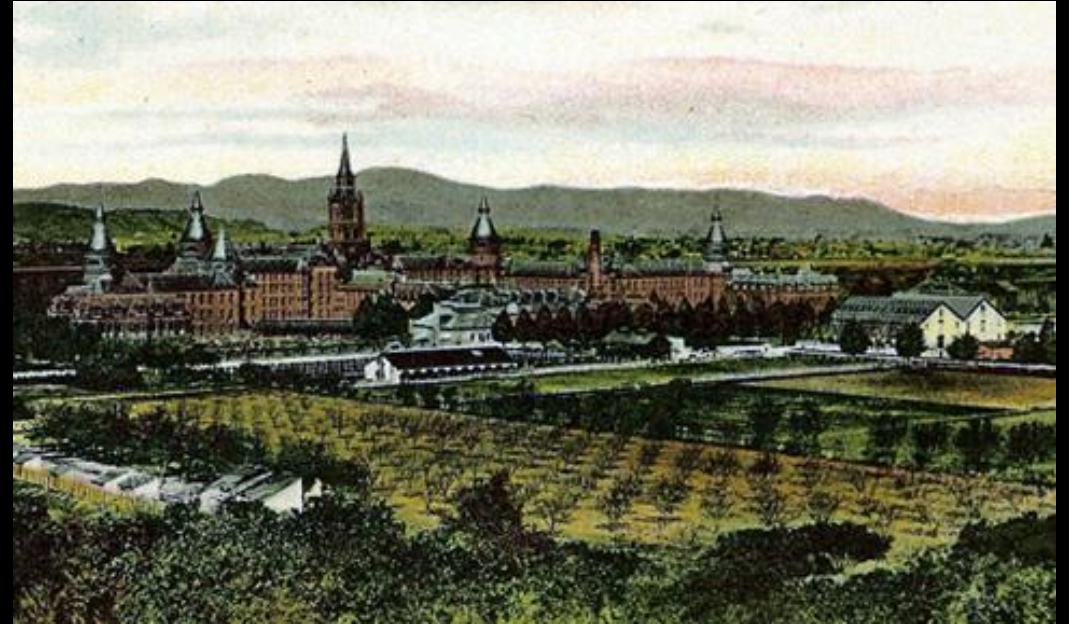
- Dorothea Dix
- Advocated to create asylums
- 1840s
- Movement of people with mental illness out of inhumane conditions in prisons

# A Brief History of State Hospitals

- Moral Treatment
- Kirkbride Buildings – Asylums



# Napa State Hospital - 1875





FIRST BIENNIAL REPORT

CALIF. DEPT. OF MENTAL HYGIENE  
OF THE  
LIBRARY

STATE COMMISSION IN LUNACY

FOR THE

TWO YEARS ENDING JUNE 30, 1898.



SACRAMENTO:

JOHNSTON

SUPERINTENDENT STATE PRINT

1898

PRINTING.

TABLE No. 15.

*Products of Farm and Garden for the Fiscal Year Ending June 30, 1898,  
with the Market Value of Same.*

Articles.	Amount.	Value.
Asparagus.....	133 lbs.	\$6 75
Apples.....	3,244 lbs.	32 44
Beans, string.....	1,811 lbs.	54 33
Beets, table.....	3,492 lbs.	24 91
Beets, cow.....	32,780 lbs.	208 73
Cabbage.....	7,241 lbs.	72 41
Carrots.....	2,954 lbs.	19 43
Cauliflower.....	210 lbs.	4 82
Celery.....	3,217 lbs.	65 14
Corn.....	1,260 doz.	113 36
Cucumbers.....	260 doz.	20 80
Gooseberries.....	683 lbs.	19 30
Horseradish.....	220 lbs.	4 15
Kohlrabi.....	260 lbs.	2 60
Lettuce.....	2,692 lbs.	44 32
Melons, musk.....	2,772	114 50
Melons, water.....	1,213	100 00
Onions.....	4,320 lbs.	43 20
Pears.....	1,062 lbs.	9 89
Potatoes.....	61,655 lbs.	586 71
Peppers, green.....	143 lbs.	6 59
Parsnips.....	5,492 lbs.	40 11
Peas.....	1,291 lbs.	38 73
Radishes.....	2,390 lbs.	47 00
Rhubarb.....	720 lbs.	15 95
Rutabaga.....	4,363 lbs.	32 56
Squash.....	434 lbs.	2 13
Spinach.....	1,110 lbs.	22 20
Strawberries.....	140 lbs.	14 00
Turnips.....	11,608 lbs.	96 30
Tomatoes.....	9,627 lbs.	75 64
Pork, killed.....	12,620 lbs.	786 09
Wood, cut on farm.....	72 cds.	229 00
Eggs.....	41 doz.	4 10
Hay, alfalfa.....	25 tons	143 50
Hay, grain.....	40 tons	400 00
Total.....		\$3,498 79

# Overcrowding

- 1850 – Less than 2,500 patients in state hospitals
- 1905 ~ 150,000
- 1955 – over 500,000

# 1900-1950

## the Snake Pit







# Reference

Circa 1947



STAFF LIBRARY  
Patton State Hospital  
3102 E. Highland Ave.  
Patton, CA 92369

## The San Francisco News

*A Scripps-Howard Newspaper*

presents a  
reprint of

### *People in the Dark*

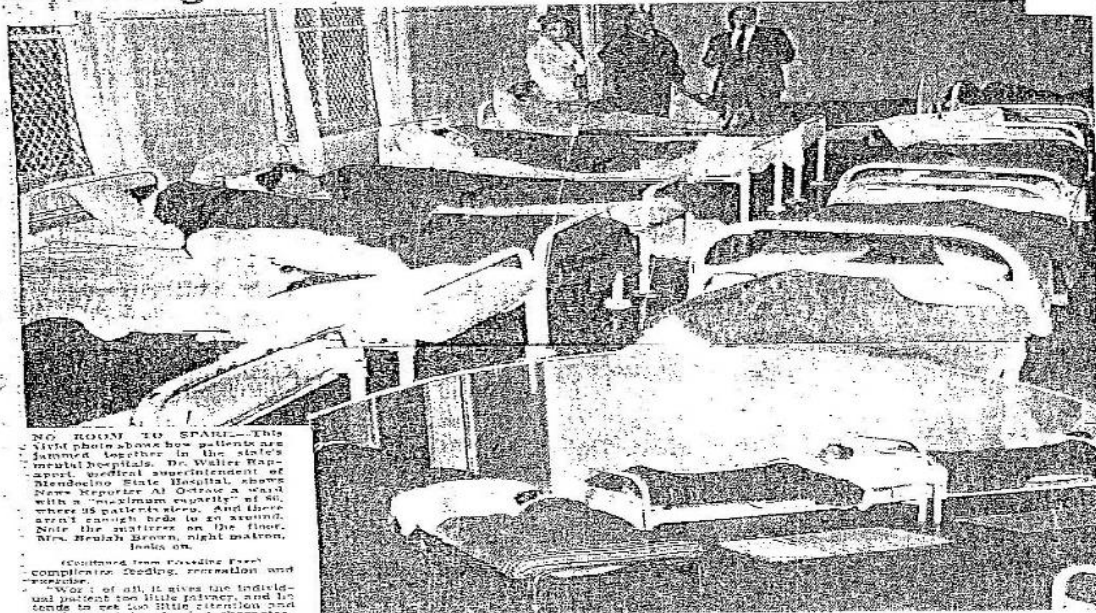
A Series of Articles on California's Hospital System  
for the Mentally Sick

Written by Al Ostrow—Photographs by Robert J. Warren

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A SUMMARY

## Shortage of Doctors, Attendants Appalling in California's Mental Hospitals



IN THE HALL.—Beds block a corridor of Stockholm State Hospital.

**NO ROOM TO SPARE**—This night photo shows how patients are jammed together in state's mental hospital. Dr. Walter Rappaport, medical superintendent of Mendocino State Hospital, shows News Reporter Al O'Quinn a ward with a "maximum capacity" of 80, where 25 patients sleep. And if there aren't enough beds to accommodate the patients on the floor, Mrs. Neuloh Brown, night matron, looks on.

(Continued from preceding page)  
- completion feeding, renovation and  
- enclosure.

"Worst of all, it gives the individual patient too little privacy, and he tends to get too little attention and to develop a state of mind characterized by frustration and lack of effort to help himself."

Mrs. Hoffman, in her annual report to the governor: "One of the dangers of overcrowded state institutions is the increased possibility of the spread of contagious and infectious diseases. This possibility is further heightened because the mentally ill or mentally retarded patients are not as careful as the average person in the use of precautions against spreading such diseases."

Dr. Rudolph B. Toller, medical superintendent of Storkson State Hospital: "Overcrowding and understaffing denies patients adequate treatment. It is impossible to accurately state how many more patients might recover or improve if the overcrowding were eliminated, but the number is probably considerable."

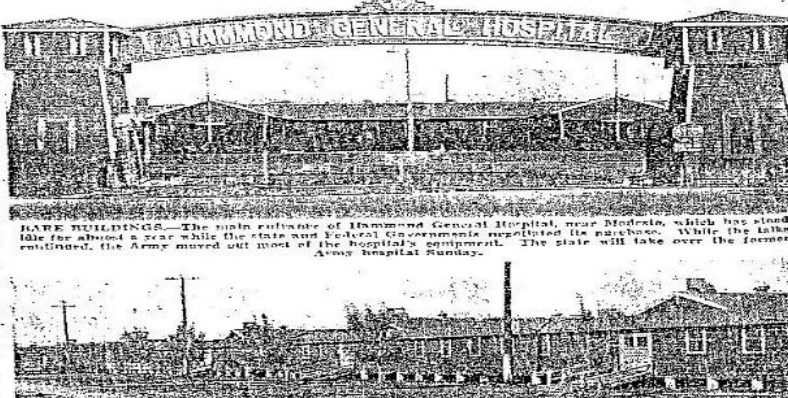
Dr. Lawrence Kline, former assistant surgeon general of the U. S. Public Health Service, recently appointed medical director of California mental hospitals: "There is doubt that overcrowding retards treatment of patients."

Dr. Webster: If overcrowding and other bad conditions due to it were overcome, we could halve the average time required for recovery patients."

Here, then, is a very real possibility for everyone with a relative or friend in a mental hospital, and also one who may ever require the services of these institutions, who means, literally, everyone—to consider.

Overcrowding of mental hospitals is probably impeding the improvement of thousands of patients—keeping many in the shadow of ailing minds who might otherwise be safe and healthily living normal lives in their own homes.

Overcrowding increases the risk of disease by causing contact



**RARE BUILDINGS.**—The main entrance of Hammond General Hospital, near Modesto, which has stood idle for almost a year while the state and Federal Governments negotiated its purchase. While the talks continued, the Army moved out most of the hospital's equipment. The state will take over the former Army hospital Sunday.

100

THE LAST ARMY PATIENTS MOVED OUT OF THE DORMS AND SHEDS AT HAMMOND GENERAL HOSPITAL, UNFOLDED SINCE THE LAST ARMY PATIENTS MOVED OUT LAST DECEMBER, DIED WHILE THE SALE TRANSACTION STEPT AWAY THROU'

all cases, no update should be allowed.



**SACKED BY PRISONERS OF WAR**—Aerial view of DrVilt General Hospital, near Auburn. Before turning the post over to the state to relieve overcrowding of mental hospitals, the Army sent in German prisoners to strip out most of the equipment, causing a long delay in getting the institution into full operation.



**REIN KASPER**—Dr. Rein Kasper, one of two physicians at the DeWitt State Hospital, points to a skin left by the German prisoners of war who stripped most equipment from the institution under Army supervision before it was turned over to the state.

EMPTY BARRACKS.—Dr. G. Dean Tipton, DeWitt State Hospital medical superintendent, shows what the Army left in most wards: blank walls and empty floors. Most beds, blankets, and even arm radiators were removed before the "fully equipped" hospital was turned over to the state.

Army hospitals was not the military department's sole answer to the overcrowding problem. A quoted first step would be to place the state mental hospitals on a new basis, and new facilities for housing and treating patients

The Army hospitals were employed only as a temporary gap. Not designed exclusively for mental patients, they were used chiefly for ambulatory cases.

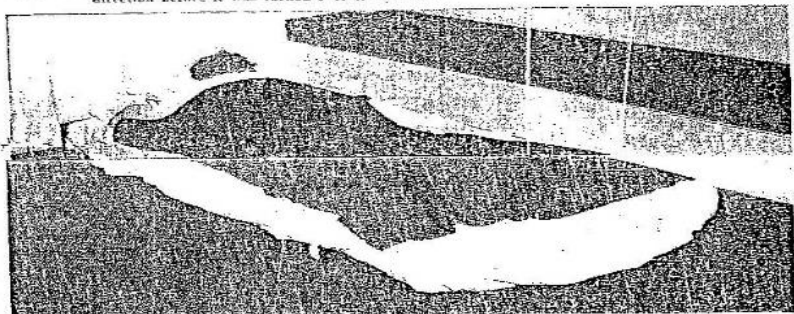
Additional facilities at the hospitals—Agnews, Camarillo, Sutter, Patton, General Hospital, etc., Norwalk, Napa and Stockton would cost money. So would hospitals needed to keep pace the rapid increase of California population.

**SOME CONSIDERATION.**  
These funds could come only

the people, through their Legislature. The Department of Mental Hygiene went to the Senate at its 1945 session with a program for a 75 million-dollar budget program.

And there politics entered the picture. The mental hospitals by well-financed lobbyists press claims at Sacramento. Most think have the right to vote when they are cured. Their relative financial spending, are most reluctant to discuss their treatment and

This is unfortunate and unnecessary. Mental illness is no more contagious than physical illness. Mental patients deserve the sympathy and consideration of others, rather than being feared. Their illness does not make them the victims of suspicion in the community.



**SLEEPING IN SHOWER ROOM.**—This is the only accommodation available for one patient at Camarillo State Hospital. The mattress is spread on the floor of a shower dressing room.

ters decided that its San Francisco office had "exceeded its authority" in selling the De Witt Blomfield equipment, and ordered its executives and sold at a wide sale. Refusing to accept this decision, the state intervened for intervention by the U. S. Public Health Service.

**PATIENTS ARE HUMAN**

But let's turn back to the

Dr. Tipton was emphatic in his opinion that "we would have the hospital up to its patient capacity now if we had received it ready to go."

"We were supposed to get a 3500-bed hospital fully equipped," declared H. H. Richards, business manager of Dr. Weir's "new" district.

Dr. Titton and his, Richards estimated "consequential" that equipment removed by the Army would cost the state at least \$200,000 to replace.



# Only the Public Can Bring Light Into Lives of State's 'People in the Dark'



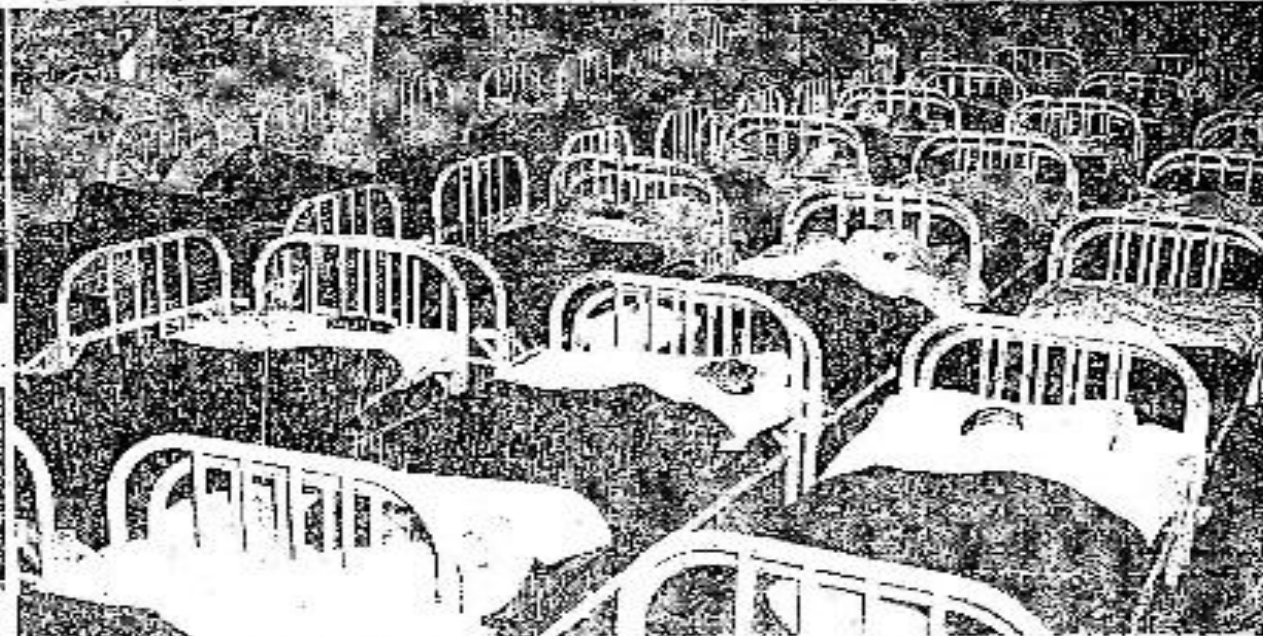
STANDARD SCHOOL BUILDING, one of the many educational institutions in the state, showing the modern architecture and the large central tower.



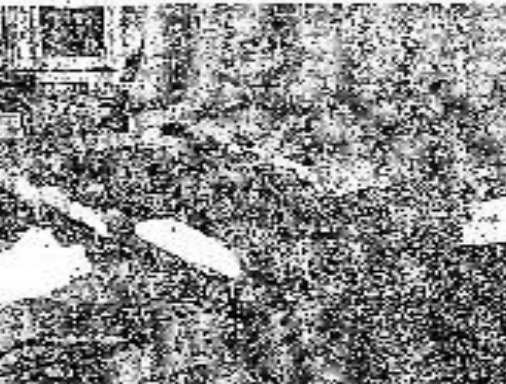
STANDARD SCHOOL AT SAN FRANCISCO, showing the modern architecture and the large central tower.

The public can bring light into the lives of the state's 'people in the dark' by supporting the public schools. The public schools are the only institutions in the state that are free of charge to all children. They are the only institutions that are open to all children, regardless of their race, color, or social status. The public schools are the only institutions that are open to all children, regardless of their race, color, or social status. The public schools are the only institutions that are open to all children, regardless of their race, color, or social status.

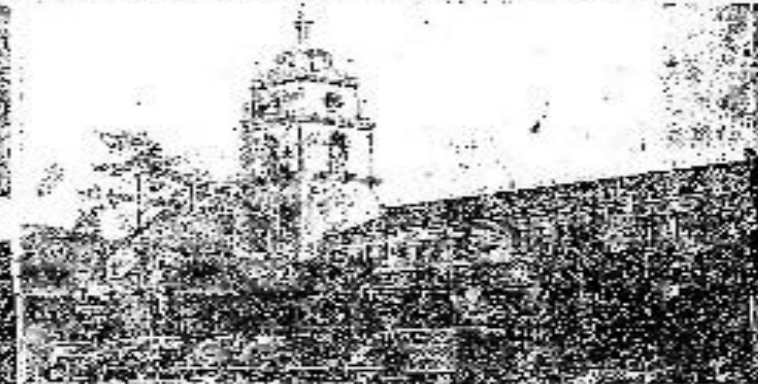
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A large crowd of people, many of whom are wearing hats and coats, gathered in what appears to be a public square or a large hall.



A large, open field or park area with a building in the background, possibly a school or community center.



A large, open field or park area with a building in the background, possibly a school or community center.



# A SUMMARY

To provide the public and Legislature with a possible guide to constructive improvement of California's care of its mentally ill, The News sent Reporter Al Ostrow and Photographer Robert J. Warren on a 2000-mile tour. They made a complete inspection of each state mental hospital in the most thorough informal investigation of this type ever attempted. They set up a problem of tremendous importance, which the people of California must solve.

Here is a summary of their findings, as disclosed in a series of articles entitled "People in the Dark":

**OVERCROWDING.**—About 7000 more patients than their "rated capacity" are jammed into the state hospitals. As a result, beds are packed into wards only a few inches apart, and many patients sleep in dreary hallways and on the floor. Dining rooms cannot accommodate the excess, and eating conditions are often unpleasant.

**TREATMENT.**—Most state hospitals were designed chiefly as housing units, and have few facilities for treating patients. Even with such facilities as are available, the small but competent staffs are inadequate to give all patients the amount of personal attention required to assure maximum improvement. As a result, thousands of patients sit around and deteriorate. Their support becomes a permanent charge against the state.

**EXPENSES.**—The state spends only a little more than a dollar a day for each mental hospital patient, as contrasted with expenditures of \$5 to \$10 a day for the physically ill in general hospitals—this in spite of medical opinion that ailments of the mind require greater care and attention if cures are to be effected.

**BUILDINGS.**—Many state hospital buildings are antiquated, long condemned firetraps. Mental patients can recover more quickly in pleasant surroundings, but the atmosphere of most mental hospitals is drab and unpleasant.

**THE AGED.**—Thousands of senile old people sit about the hospitals in rags and tatters because the state has been unable to purchase proper clothing for them. Little or no treatment is provided for them.

**ALCOHOLICS.**—Alcoholic patients are also sent to mental hospitals, where the program for them is very limited. Some public health authorities advocate establishment of separate institutions for cure of alcoholism.

**COMMITMENT LAW.**—Psychiatrists consider California's commitment law, which requires legal hearings and the making of a court record before most patients can be admitted to a mental hospital, to be archaic and injurious. They want the law changed to permit two doctors to commit a patient without court action if relatives agree. On the other hand, some judges believe such an amendment might deprive citizens of their freedom without "due process of law," since most patients are kept behind locked doors at a mental hospital and many may be there for life. This conflict must be resolved if all who need care are to have it.

**PREVENTION.**—The recently established Langley Porter Clinic has proved that much mental illness may be checked in early stages, before a patient requires hospitalization. California's mental health program is inadequate. Clinic facilities are not available in most parts of the state, thus providing no "out patient" care for persons discharged from the hospitals, but who need further help for complete recovery.

**RESEARCH.**—Research should be a major function of a mental hospital, being the only hope for many otherwise "hopeless" cases. State hospitals are conducting no research projects of any consequence.

**NEGLECT.**—The state hospitals have been neglected for decades. Legislators have been more concerned with political matters, so hospital appropriations have been ruthlessly trimmed.

**PROGRAM.**—Governor Earl Warren, who calls these conditions "a shame to the State of California," has made vigorous efforts to correct the situation. He obtained a 57-million-dollar appropriation from the Legislature for new buildings, beating down powerful opposition of interests wanting to earmark the funds for more political purposes. However, the building program has been blocked by the sharp rise in construction costs. Another 28 million dollars will be needed if the projects are to be completed. More money is needed to provide larger staffs, nursing, and other facilities.

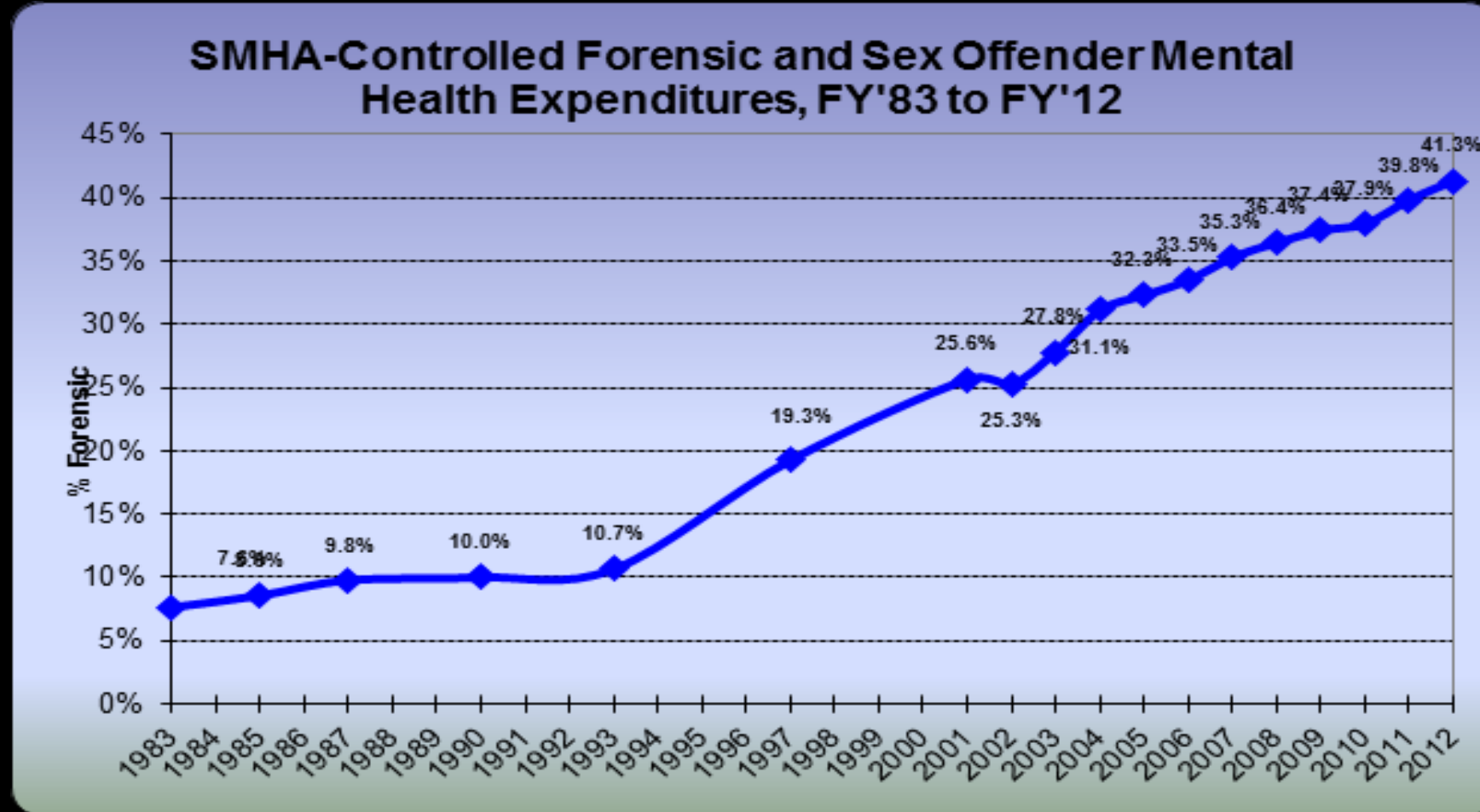
**FUTURE.**—Only enlightened public interest in the welfare of the mentally ill can insure improvement of deplorable conditions in the state hospitals and overcome the general disinterest of politicians in the subject.

**IMPORTANCE.**—Mental illness is steadily increasing. Like physical disease, it may affect any one. Being mentally sick should carry no more stigma than physical illness. The U. S. Public Health Service estimates that one out of every 20 Americans will spend part of his life in a mental hospital. Therefore, conditions in mental hospitals are a vital concern to every one.

**PRIVATE SANITARIUMS.**—Officials of the State Department of Mental Hygiene declare that private institutions which permitted admittedly objectional features found in state hospitals would be promptly closed. Private sanitariums charge such high fees that most mentally ill persons who require hospitalization must be sent to the state institutions, where many are treated free and the families of others are charged up to \$40 a month for their care. There are many charity patients.

- 1960s - Deinstitutionalization

# National % Forensic Spending

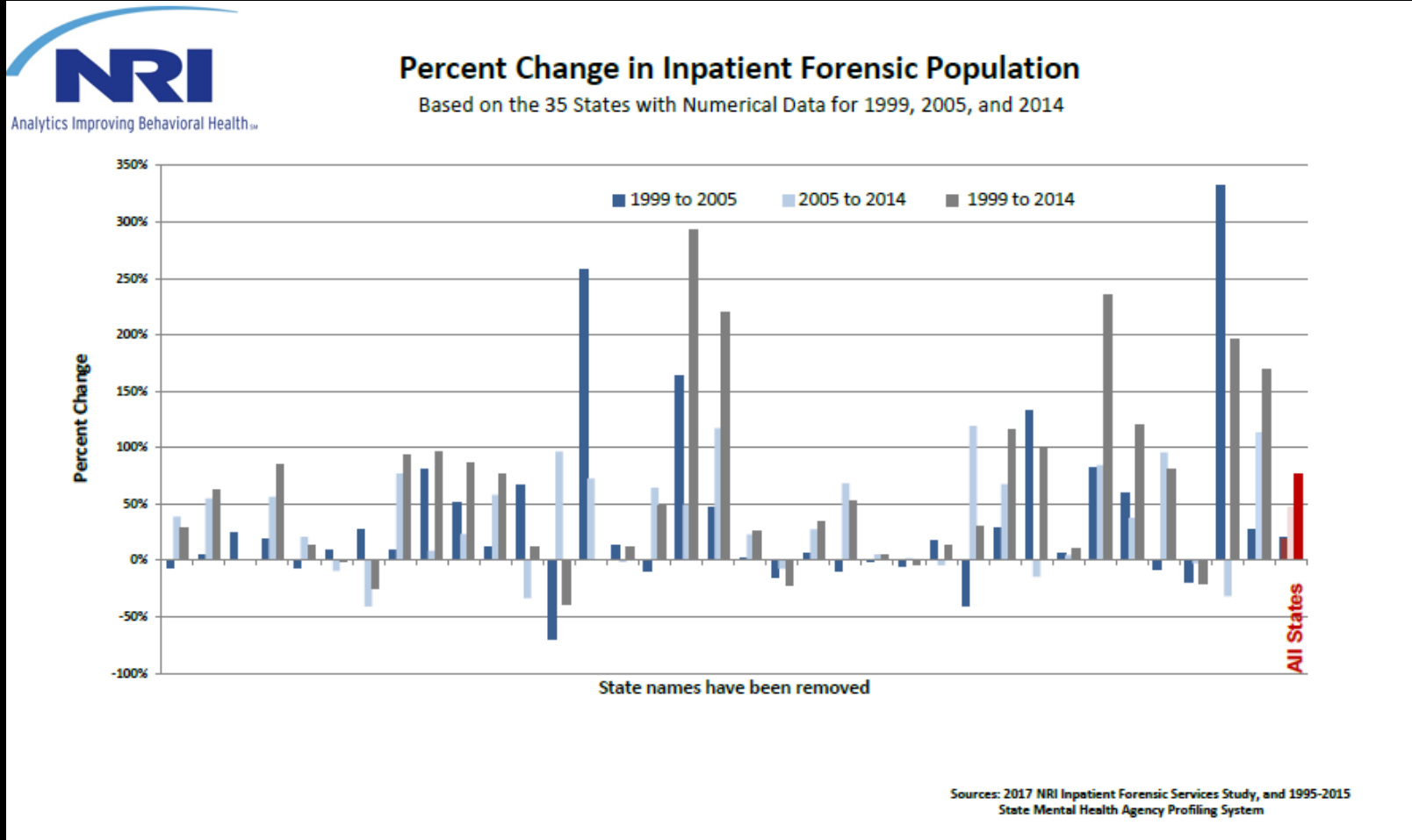


# NASMHPD Forensic Survey

- **75%** demand for forensic services has increased (a lot 54%, moderately 21%)
- **78%** of states responding report that increased demand for forensic services has required that they maintain waiting lists for admission
- **Half** of states responding report that they have been threatened with or found in contempt of court for failing to admit court ordered patients in a timely manner



# All Forensic Commitments

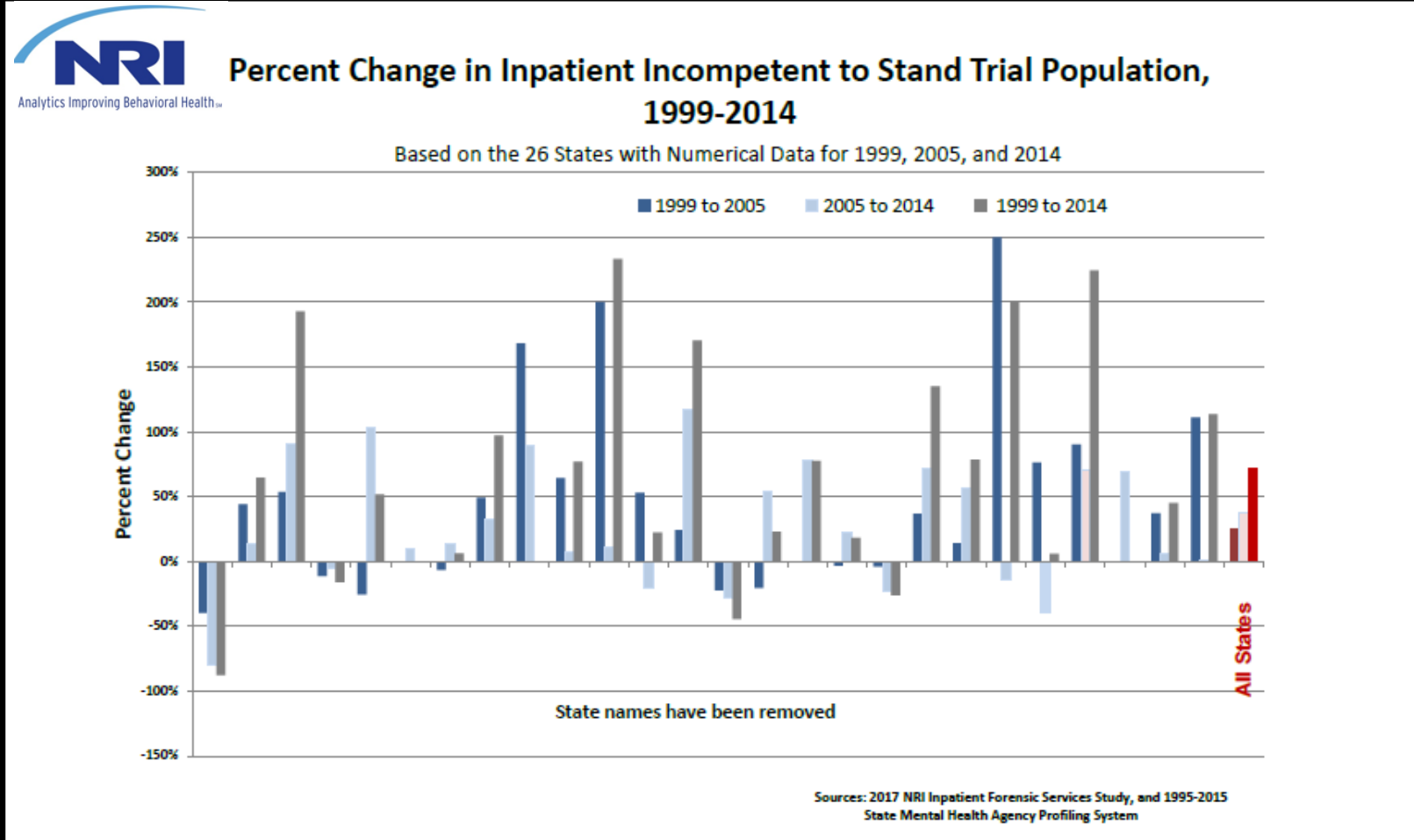




# Inpatient Forensic Service Trends

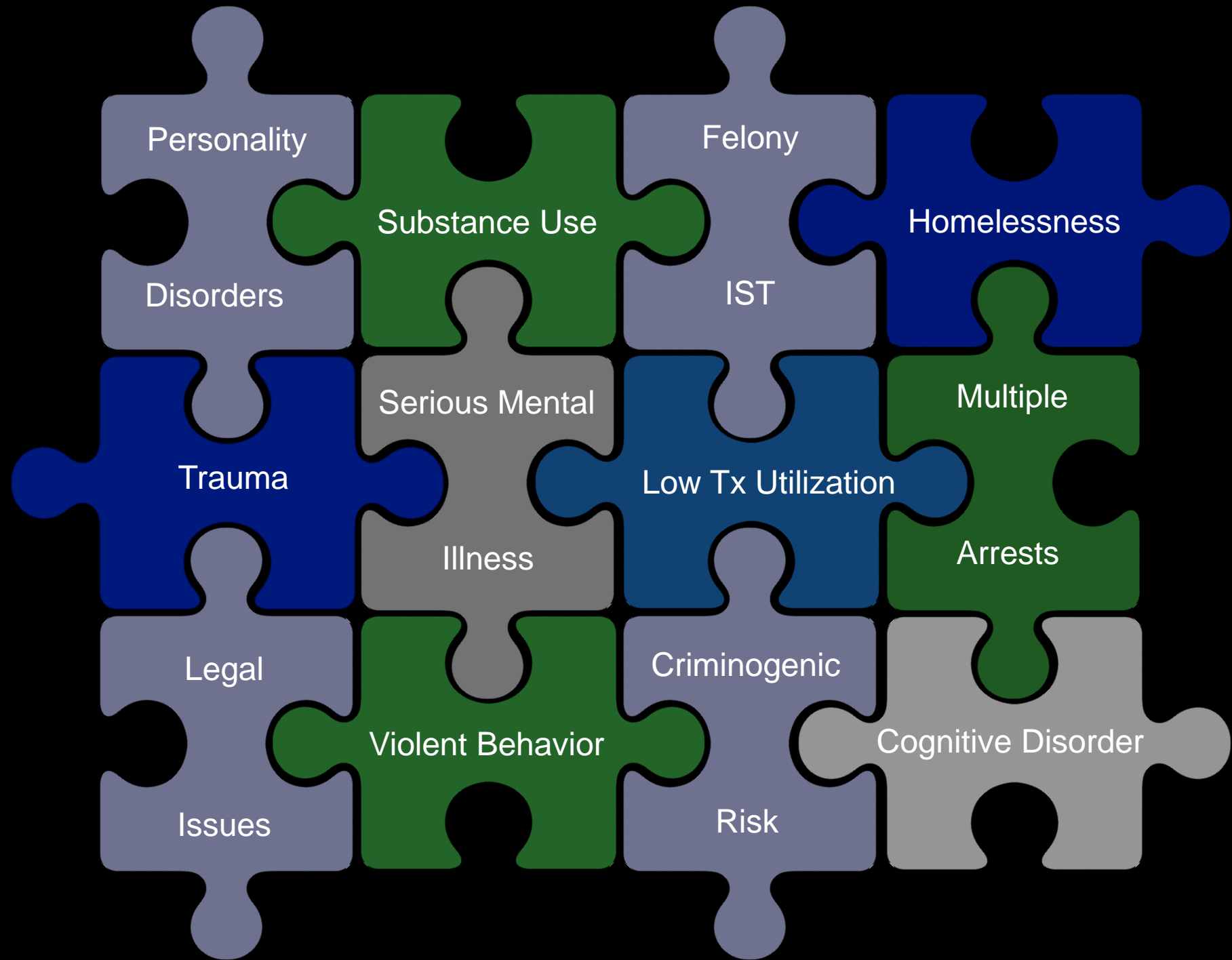
- **76 percent increase** in the number of forensic patients in state hospitals from 1999 to 2014.

# Inpatient Forensic Service Trends



# Is the Forensic Population a New Population?

- Who are we treating?
- What are we treating?
- How are we treating?



- 1923 Penrose
- 1972 Abramson, MF
  - 100% increase in mental health arrests from 1968 to 1970
- 1978 Sosowsky, L.
  - 301 former state hospital patients
  - Markedly higher incidence of arrest
- 1988 Arvantites, TM
  - “An examination of the nature and operation of an IST commitment reveals its potential to emerge as an alternative to civil hospitalization.”
- 2010 Torrey et al
  - *More mentally ill persons are in jails and prisons than hospitals : a survey of the states.*



# THE WALL STREET JOURNAL.

IDEAS | ESSAY

## The Case to Bring Back the Asylum

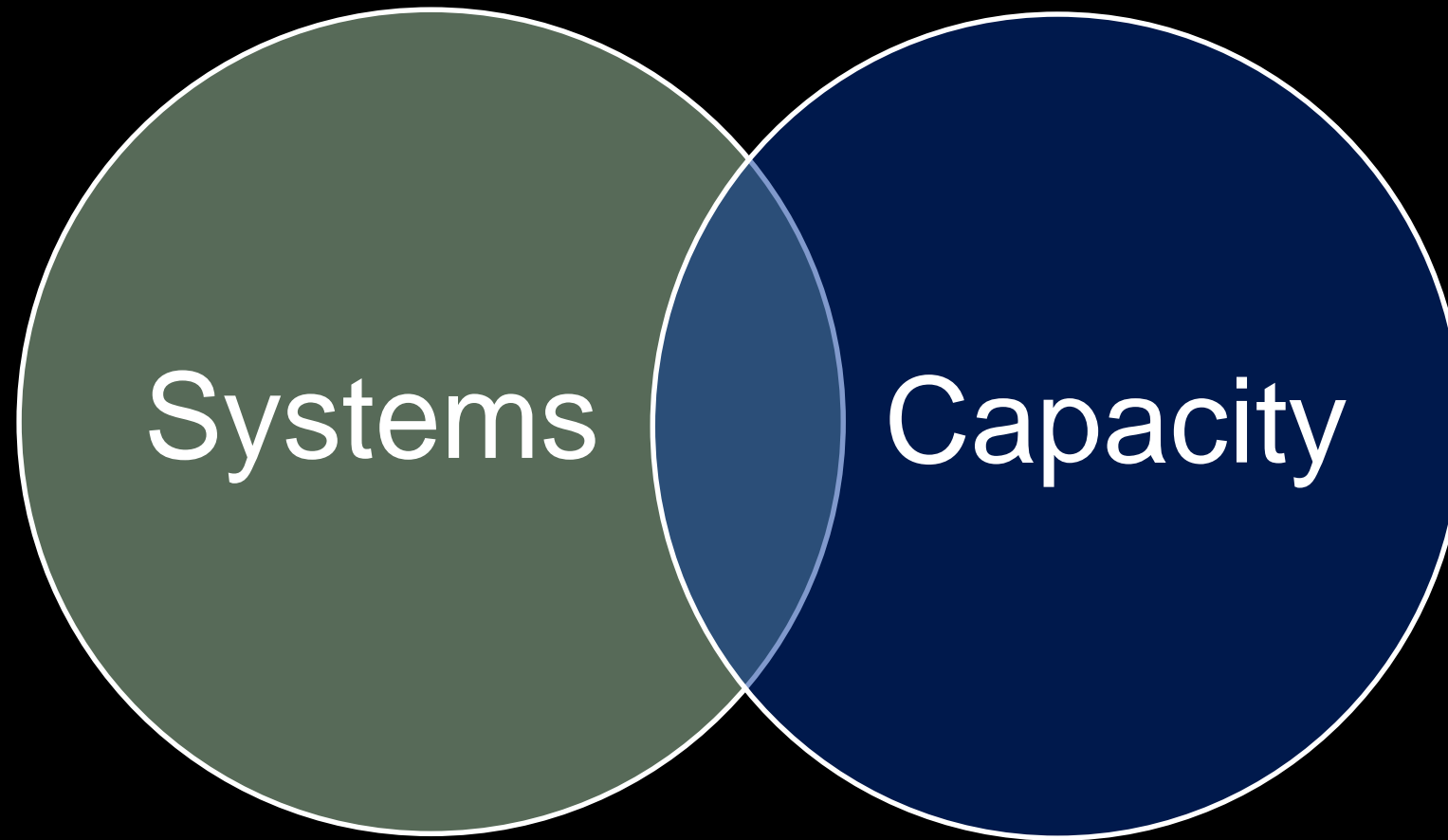
A new generation of flexible, varied institutions would help reduce the vast numbers of mentally ill adults in jails and prisons

*By Howard Husock and Carolyn D. Gorman*

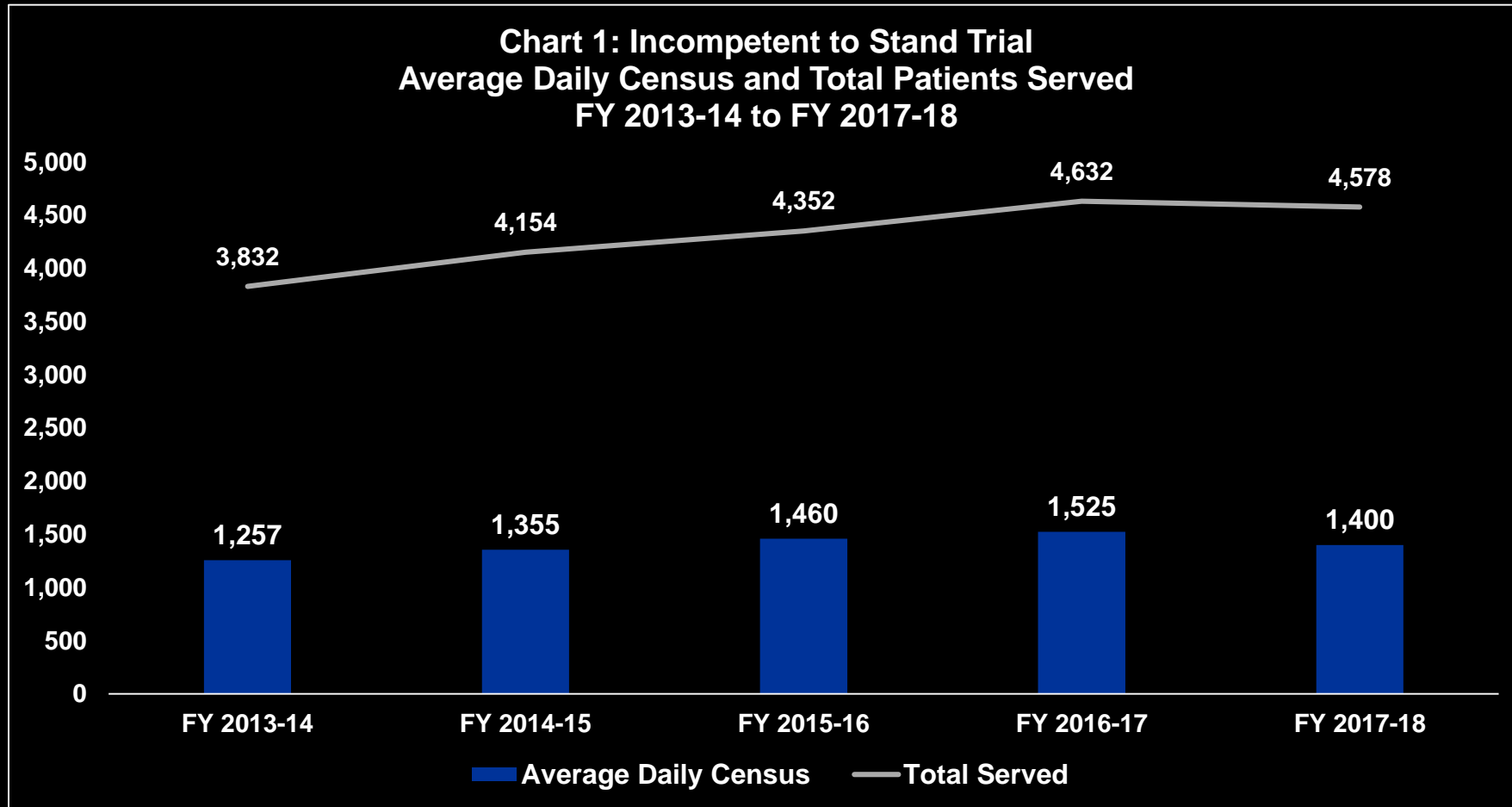
May 18, 2018 11:44 a.m. ET

When Richard Quintero broke into a Pizza Hut in High Point, N.C., early one morning in late March, he called 911 himself to let the police know. “Yes, this is Jesus Christ and I just broke into the Pizza Hut,” he said, according to a recording of the call. He then told the dispatcher that he was schizophrenic and kept getting kicked out of homes. When the police arrived, Mr. Quintero was cooperative but was still arrested on charges of felony breaking and entering and felony larceny. He spent time at a state prison before being found incompetent to stand trial and sent for a short-term stay at a state mental hospital.

# Addressing the IST Increase

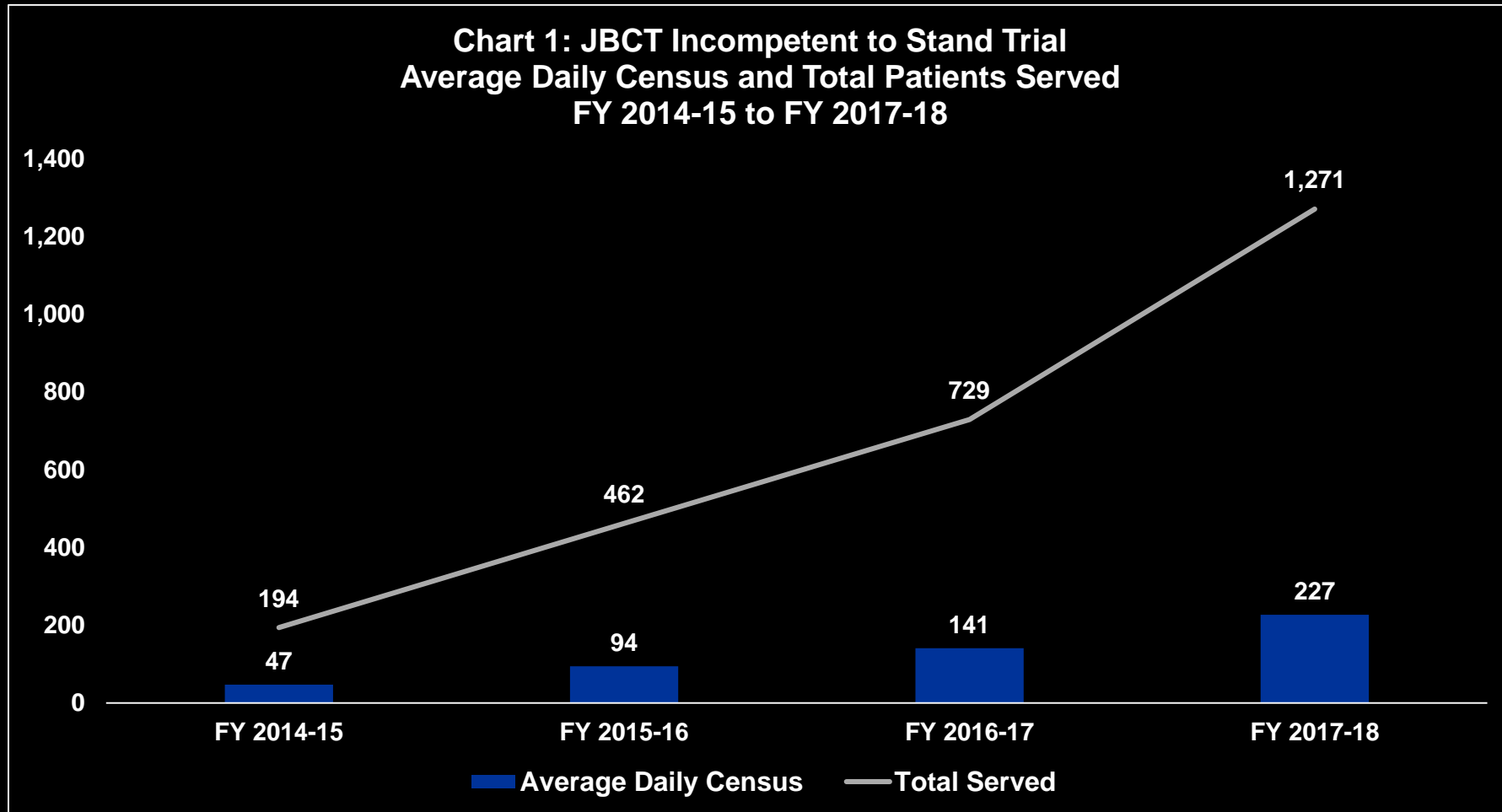


# Total IST Patients Served – State Hospitals



Note: Total served does not include patients transferred between facilities. Pursuant to the 2017 Budget Act, the Psychiatric Programs operating at state prisons in Vacaville, Salinas Valley, and Stockton have been transferred to the responsibility of California Department of Corrections and Rehabilitation as of July 1, 2017.

# Total IST Patients Served: Jail-Based Competency Treatment Programs



# Capacity/Systems Impacts

## Waitlist continues to increase

- 2013-14 – 343 avg ISTs pending placement
- 2017-18 – 819 avg ISTs pending placement

## Increases in referrals have outpaced capacity growth

- 2013-14 – 232 avg referrals per month
- 2017-18 – 372 avg referrals per month

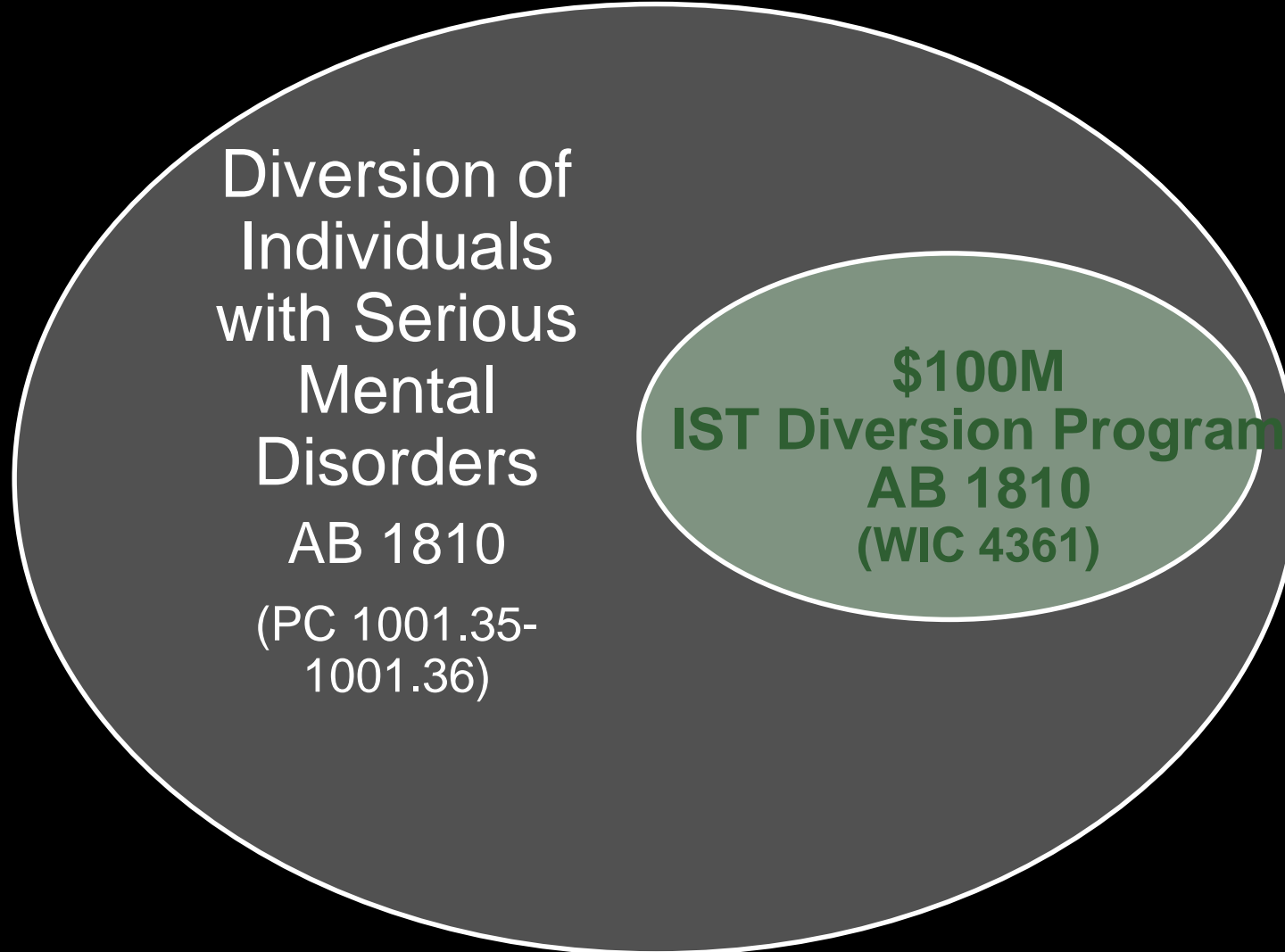
# A New Policy Direction



Demand



# MH Diversion and IST Diversion



# Diversion of Individuals with Mental Disorders

- Creates pre-trial diversion for individuals with DSM dx charged with felony or misdemeanor
  - Excludes: antisocial personality disorder, borderline personality disorder, and pedophilia
- Mental disorder played a significant role in the commission of the charged offense
- Qualified mental health expert opines the defendant's symptoms motivating the criminal behavior would respond to mental health treatment

# Diversion of Individuals with Mental Disorders

- Allows the court to grant diversion if a mental health treatment program agrees to accept responsibility for the treatment of the defendant
- Diversion period is up to 2 years
- Charges are dismissed upon successful completion of the diversion program

# IST Diversion Program

- \$100M investment over 3 years to increase diversion opportunities for individuals likely to be found IST on felony charges
- DSH to contract with counties to
  - Expand existing diversion programs
  - Establish new diversion programs
- Focus on post-booking programs

## Target Population – Our Population

- Majority have a diagnosis of Schizophrenia, Schizoaffective Disorder, Bipolar Disorder
- 49%- Unsheltered homeless status at time of arrest
- 49% - Did not access Medi-Cal reimbursable services in six months prior to arrest
- Many arrests appear to be correlated with conditions of untreated mental illness and/or homelessness



## Target Population - Diversion

- Primary diagnosis: Schizophrenia, schizoaffective disorder, or bipolar disorder
- Correlation between symptoms of mental illness and/or conditions of homeless and the instant offense
- Does not pose a significant safety risk in the community

# THANK YOU

